



03500.014640

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
HIROKI HIYAMA ET AL.) Examiner: Brian C. Genco
Application No.: 09/625,843) Group Art Unit: 2615
Filed: July 26, 2000)
For: IMAGE PICKUP DEVICE) April 13, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

Filed herewith is a Request for Continued Examination, and Applicants hereby submit this Preliminary Amendment in response to the Office Action dated January 13, 2005, for entry prior to further examination. Accordingly, please amend the above-identified application as follows.

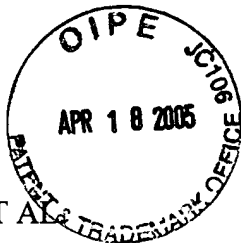
04/19/2005 EAREGAY1 00000108 061205 09625843
01 FC:1201 200.00 DA

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

April 13, 2005
(Date of Deposit)

John A. Krause
(Name of Attorney for Applicant)

Signature Date of Signature
April 13, 2005



In re Application of:

HIROKI HIYAMA, ET AL

Application No.: 09/625,843

Filed: July 26, 2000

For: IMAGE PICKUP DEVICE

Docket No. 03500.014640

Examiner: Brian C. Genco

Group Art Unit: 2615

Date: April 13, 2005

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	*15	MINUS	**20	= 0	x \$25 \$50	0
INDEP. CLAIMS	* 4	MINUS	*** 3	= 1	x \$100 \$200	\$200
Fee for Multiple Dependent claims \$180°/\$360						\$200
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						

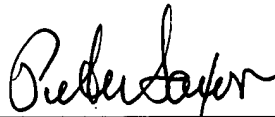
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 200.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Peter Saxon
Attorney for Applicants
Registration No.: 24,947

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

The PTO did not receive the following
listed Items(s) a check \$200.00